

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
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13						
14	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL	18					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
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